# MSW

#### State of North Carolina

Department of Environment and Natural Resources Division of Waste Management

#### MUNICIPAL SOLID WASTE LANDFILL

Facility Annual Report
For the period of July 1, 2012-June 30, 2013

According to (G.S. 130A-309.09D(b)) completed forms must be returned by August 1, 2013 and a copy of this report must be sent to the County Manager of each county from which waste was received. If you have questions or require assistance in completing this report, contact your Regional Environmental Senior Specialist.

Facility Name: Johnston County Landfill	Permit: 5103-MSWLF-1997						
Facility Website (URL): www.johnstonnc.com/solidwaste							
Physical Address	Mailing Address						
Street 1: 680 County Home Road	Street 1: P.O. Box 2263						
Street 2:	Street 2:						
City: Smithfield County: Johnston	City: Smithfield						
State: North Carolina Zip: 27577	State: North Carolina Zip: 27577						
Primary Facility Contact Person	Billing Contact Person						
Name: Rick Proctor	Name: Same						
Phone: (919) 938-4750 Fax: (919) 989-7152	Phone: Fax:						
Email: rick.proctor@johnstonnc.com	Email:						
<ul><li>2. Does the tip fee above include the \$2.00 Solid Waste Tax?  Yes</li><li>3. What other activities occur at this facility? (check all that apply)</li></ul>	of tipping fees if appropriate.)  No  White Goods Collection						
Other (specify)							
Airspace (Capacity): Questions in this section relate to all cells/units of the lined facility operated under the current 4-digit permit number regardless of whether the cells/units are closed or are not contiguous at the time of this report. Tonnage questions must be based on scale records and cover the period between the opening date and the date of the last survey unless another time period is approved. Airspace measurements include daily, intermediate and final cover.	4. Date Facility Last Surveyed: 6/11/10  5. Airspace Used (cubic yards): 1,087,199						
7. How is your leachate transported to the waste water treatment plant?  8. Did your facility stop receiving waste during this past Fiscal Year?  If so, please report the date this occurred: Jan 8, 2003	Sewer Connection						

9. Total waste landfilled at this facility during the period of July 1, 2012, through June 30, 2013. Indicate tonnage received by COUNTY of waste origin. If waste was received from a transfer station, indicate the COUNTY LOCATION OF THE TRANSFER STATION. Do not include waste diverted for recycling, reuse, mulching, or composting. Please indicate COUNTY and STATE, if received from another state.

Received from	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	Total
Johnston County	0	0	0	0	0	0	0	0	0	0	0	0	0
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Grand Total	0.00

10. Are there SWANA or other certified op If yes, indicate the following:	erator(s) at this facility? Yes No
Name: Rick Proctor	Certification type and expiration date: SWANA MOLO 8-20-14
Name: Billie Thornton	Certification type and expiration date: SWANA MOLO 8-31-16
Name: Allen Best	Certification type and expiration date: SWANA MOLO 6-15-16
Name: Kevin Shields	Certification type and expiration date: SWANA MOLO 3-22-16
Name:	Certification type and expiration date:
11. Comments, suggestions or notes:	
This area is currently inactive.	
	Mary Whaley PO Box 59 Oxford, NC 27565 phone: 919.693.5023 email: Mary Whaley@ncdenr.gov  attion provided is an accurate representation of the activity at this facility.
Signature:	Date: Jul 30, 2013
Name: Rick Proctor	Title: Solid Waste Director
Phone Number: (919) 938-4750	Email: rick.proctor@johnstonne.com

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### NC DENR

# Division of Waste Management - Solid Waste Section

## Risk Assessment Form

Facility Nam	Permit: 5103-MSWLF-1997					
Address: 68	0 County Home Road					
City: Smithfi	eld State: North Carolina	Zip: 2757	7			
Person com	oleting Assessment: Rick Proctor		Date: Jul 3	0, 2013		
Phone Numb	per: (919) 938-4750 Fax: (919) 989-7152 E	mail: rick.proctor@johnsto	onnc.com			
Instructions:	Please indicate either Yes or No for each Receptor and Post determine the distance or distances for each Receptor from maps) and type that information into the form. Please attach potable well locations, etc.	the Edge of Waste (using	range finder	s and/or GIS		
Receptors						
1. Are ther	re Residential Dwellings Within 1,500 feet of the Edge of Wast	te? Yes	⊠ No			
If Y	es, how many?					
Wha	at are the three closest distances from the Edge of Waste?	Feet	Feet	Feet		
2. Are ther	e Potable Wells Within 1,500 feet of the Edge of Waste?	☐Yes	⊠ No			
If Y	es, how many?					
Wha	at are the three closest distances from the Edge of Waste?	Feet	Feet —— –	Feet		
3. Are ther	e Community/Municipal Wells Within 1,500 feet of the Edge o	f Waste? Yes	⊠ No			
If Y	es, how many?		_			
Wha	at are the three closest distances from the Edge of Waste?	Feet	Feet —— –	Feet		
4. Are ther	e Surface Water Bodies Within 1,500 feet of the Edge of Wast	te? ⊠ Yes	☐ No			
If Yes, how many? 2						
	at are the three closest distances from the Edge of Waste? 14		Feet 	Feet		
	ase list the names of the water bodies: Middle Creek and Unr	named Creek				
5. Is Public	: Water Available Within 1,500 feet of the Edge of Waste?	⊠ Yes	☐ No			
If Ye	es, how many of the Residential Dwellings noted above are co	onnected? 0				
Corrective M	<u>easures</u>					
6. Is there	an active methane extraction system (blower, flare, etc.)?	⊠ Yes	☐ No			
7. Is there	a passive methane extraction system (trench, vents in cap, fla	re, etc.)?	⊠ No			
8. Is there	groundwater remediation taking place on site?	Yes	⊠ No			
If Yes, w	hat is the specific remedial technology used? NA		V			
Comments						
None		1 BY 1 BY				
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